UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | |
|---|---------------------------------------|-----------------------------|-----------|-----------------|----------|
| 1 Date of Request: 12-27-04 2 Serial/Patent # 10 519256 | | | | | |
| 3 Please refund the following fee(s): | | 4 PAP NUM | ER BER | 5 DATE FILED | 6 AMOUNT |
| Filing | | | | | \$ 100 |
| Amendment | | | | | \$ |
| Extension of Time | | | | | \$ |
| Notice of Appeal/Appeal | | | | | \$ |
| Petition | | | | | \$ |
| Issue | | | | | \$ |
| Cert of Correction/Terminal Disc. | | | | | \$ |
| Maintenance | | | | | \$ |
| Assignment | | | | | \$ |
| Other | | | , | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | | | \$ (0) |
| | | 8 TO BE REFUNDED BY: | | | |
| 10 REASON: | | Treasury Check | | | |
| Overpayment | | Credit Deposit A/C #: | | | |
| Duplicate Payment | | | 9 | | |
| No Fee Due (Explanation): | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 11 REFUND REQUESTED BY: | | | | | |
| TYPED/PRINTED NAME: | | | т | ITLE: | |
| SIGNATURE: | | | PHONE: | | |
| OFFICE: | | | | | |
| THIS SPACE RESERVED FOR FINANCE USE ONLY: | | | | | |
| APPROVED: | · · · · · · · · · · · · · · · · · · · | DATI | e: _ | 7-16 | <u> </u> |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B